

PTO/SB/17 (10-03)

Approved for use through 7/31/2006. OMB 0651-0032

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**FEE TRANSMITTAL
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

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FEE TRANSMITTAL	
for FY 2004	
Effective 10/01/2003, Patent fees are subject to annual revision.	
<input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27
TOTAL AMOUNT OF PAYMENT (\$) 110.00	
Complete if Known	
Application Number 09/889615	
Filing Date October 10, 2001	
First Named Inventor Alan Wellington Faull	
Examiner Name R. Shiao	
Art Unit 1626	
Attorney Docket No. ASZD-P01-471	

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	David P. Halstead, Ph.D.	Registration No. (Attorney/Agent)	44,735	Telephone (617) 951-7615
Signature			Date	June 7, 2004

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-0707, on the date shown below.

Dated: June 7, 2004

Signature: Mary Jane DiPalma (Mary Jane DiPalma)

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PTO/SB/22 (08-03)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) ASZD-P01-471
In re Application of Faull et al.		
Application Number 09/889515		Filed October 10, 2001
For: ANTI-INFLAMMATORY INDOLE DERIVATIVES		
Art Unit 1626	Examiner R. Shiao	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

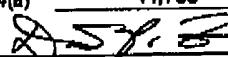
- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
- A check in the amount of the fee is enclosed.
- Payment by credit card. Form PTO-2038 is attached.
- The Director has already been authorized to charge fees in this application to a Deposit Account.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945.

I have enclosed a duplicate copy of this sheet.

- I am the applicant/inventor.
 assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
 attorney or agent of record. Registration Number _____
 attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a) 44,735

June 7, 2004

Date



Signature

David P. Halstead, Ph.D.

Typed or printed name

(617) 951-7615

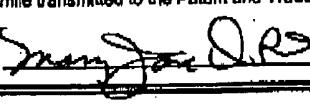
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below

Total of 1 forms are submitted.

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Dated: June 7, 2004

Signature: 
(Mary Jane DiPalma)